



For Petplan use only

# Equine Claim Form for Saddlery & Tack

Please complete the claim form fully, using a **black pen** and **block capitals**. Please complete a separate form for each item. Issue of this form does not constitute admission of liability on the part of the Insurers.

## How to make a claim:

**Step 1** Please complete and sign Section 1 of this claim form

**Step 2** Please complete Section 2. Payee details

**Step 3** Attach the original invoices and receipts to the completed claim form and post, fax or email to:

Petplan Equine, PO Box 112250, Penrose Auckland 1642 Fax: 09 353 1554 Email: claims@petplan.co.nz

### Section 1. Policyholder to complete

#### About You

Policy number \_\_\_\_\_ Your Name \_\_\_\_\_

Contact no. \_\_\_\_\_ Email \_\_\_\_\_

Postal address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Address where insured items were stored \_\_\_\_\_

Address where loss occurred (if different to above) \_\_\_\_\_

#### About Your Horse

Horse's name \_\_\_\_\_ Do you own any other horses not insured by Petplan?  Yes  No

Was saddlery/tack belonging to those horses stolen/damaged as a result of the same incident?  Yes  No

Address where horse is kept \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

#### About Your Household Contents Insurer

Insurer's name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact no. \_\_\_\_\_ Policy no. \_\_\_\_\_

Are there any other Insurance policies covering the same Saddlery & Tack?  Yes  No

If yes, please provide details \_\_\_\_\_

Have you made any claim against any other policy in respect of this Saddlery & Tack?  Yes  No

If yes, please provide details \_\_\_\_\_

#### About The Missing/Damaged Items

Are you the sole owner of the items?  Yes  No

If no, please give full details \_\_\_\_\_

Replacement value of all Saddlery & Tack you owned at the time of loss \$ \_\_\_\_\_

Please describe each stolen/damaged item, giving brand name where appropriate:

Description \_\_\_\_\_ Was it purchased new or second hand? \_\_\_\_\_

Date of purchase \_\_\_\_\_ Purchase price \$ \_\_\_\_\_ Replacement value \$ \_\_\_\_\_

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Description \_\_\_\_\_ Was it purchased new or second hand? \_\_\_\_\_

Date of purchase \_\_\_\_\_ Purchase price \$ \_\_\_\_\_ Replacement value \$ \_\_\_\_\_

TOTAL amount being claimed \$ \_\_\_\_\_

**About The Loss/Theft/Damage**

When did the loss/theft/damage occur? Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_ AM/PM

When were the items last seen by you? Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_ AM/PM

Please give exact location/address of loss/theft/damage \_\_\_\_\_  
\_\_\_\_\_

Please give full details of how the loss/theft/damage occurred including the name(s) of any witnesses, and in the case of theft how entry was gained, etc  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain precautions taken to prevent the loss/theft/damage, including details of locks on doors and windows if your claim involves theft from a building  
\_\_\_\_\_  
\_\_\_\_\_

Please explain what steps have been taken to recover the lost items \_\_\_\_\_  
\_\_\_\_\_

In respect of damage claims, is the damage repairable?  Yes  No

When were the Police informed? Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Station name \_\_\_\_\_ Address \_\_\_\_\_ Postcode \_\_\_\_\_

Contact no. \_\_\_\_\_ Officer's name and no. \_\_\_\_\_

Crime report no. \_\_\_\_\_

(Police/vet practice stamp)

**Declaration By Policyholder**

I confirm that I am the policyholder and I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Signature   X   Date \_\_\_\_\_

**Please retain any damaged items, they may be required as salvage - if some or all of your stolen items are recovered by police you must advise us immediately. If we have already paid your claim prior to police recovering your stolen items you must immediately advise us by phoning 0800 255 426 or emailing info@petplan.co.nz. The recovered items are the legal property of Petplan and is required as salvage.**

**Section 2. Payee details**

**Pay Policyholder(s).** I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

Electronic payment into policyholder's bank account

Account name \_\_\_\_\_ Account number \_\_\_\_\_

Privacy: The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlement, determine our liability, compile data and handle claims. When handling claims, we may disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Service (IRS), etc., or other parties as required by law. You have the right to seek access to your personal information and to collect it at any time. Please contact us on 0800 255 426 8.30am-5pm Mon-Fri and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Petplan. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

I/We certify the information given on this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1993 and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Petplan will be unable to process my/our claim.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Please sign here   X   Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**What happens next:**

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 0800 255 426 between 8:30am – 5:00pm Monday to Friday.



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers.